

08-18-00

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Box Patent Application
Washington, DC 20231

| | |
|--|------------------|
| Attorney Docket No. | 835-007.3 |
| First Named Inventor | Bengt A. Carlson |
| Original Patent Number | 6,039,304 |
| Original Patent Issue Date (Month/Day/Year) | March 21, 2000 |
| Express Mail Label No. | EL628637893US |

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☐ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other:

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

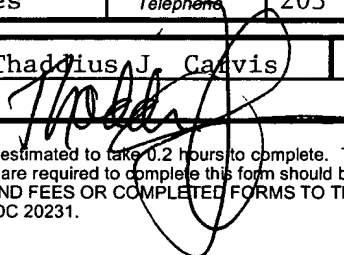
004944

or ☐

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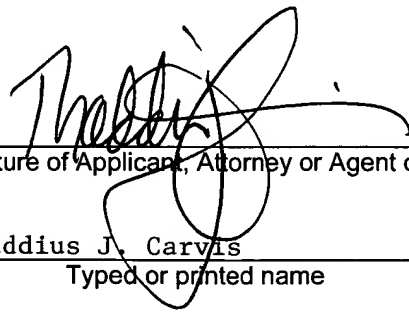
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| | | | |
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| Signature |  | Date | |

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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | Docket Number (Optional) 835-007.3 | | |
|--|---|-------------------------------------|---|--|--------------|---------------------------------------|---------------------------|--------|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) | Total Claims (37 CFR 1.16(j)) | (B) 42 | **** 22 = | x \$ | = | or | 18 x \$ = 396.00 | |
| (C) | Independent Claims (37 CFR 1.16(i)) | (D) 9 | * 6 = | x \$ | = | | 78 x \$ = 468.00 | |
| Basic Fee (37 CFR 1.16(h)) | | | | | \$ | | 690.00 \$ | |
| Total Filing Fee | | | | | \$ | OR | 1554.00 \$ | |
| Claims as Amended - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | = | x \$ | = | or | x \$ = |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ | = | | x \$ = |
| Total Additional Fee | | | | | \$ | OR | \$ | |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>23-0442</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1554.00</u> to cover the filing / additional fee is enclosed.</p> | | | | | | | | |
| Date _____ | | | |  _____ Signature of Applicant, Attorney or Agent of Record Thaddius J. Carvis _____ Typed or printed name | | | | |

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